

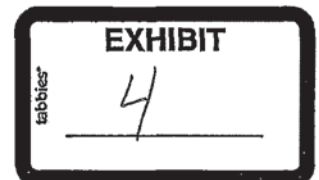


Accreditation Council for  
Graduate Medical Education

**ACGME**  
**Institutional Requirements**

ACGME approved: June 9, 2013; Effective: July 1, 2013 for new sponsoring institutions making new applications and July 1, 2014 for existing sponsoring institutions (including both multiple- and single- program sponsors)

ACGME approved focused revision: September 28, 2014; effective: July 1, 2015



## ACGME Institutional Requirements

### I. Structure for Educational Oversight

#### I.A. Sponsoring Institution

- I.A.1. Residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites. <sup>(Core)\*</sup>
- I.A.2. The Sponsoring Institution must be in substantial compliance with the ACGME Institutional Requirements and must ensure that each of its ACGME-accredited programs is in substantial compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements, as well as with ACGME Policies and Procedures. <sup>(Outcome)</sup>
- I.A.3. The Sponsoring Institution must maintain its ACGME institutional accreditation. Failure to do so will result in loss of accreditation for its ACGME-accredited program(s). <sup>(Outcome)</sup>
- I.A.4. The Sponsoring Institution and each of its ACGME-accredited programs must only assign residents/fellows to learning and working environments that facilitate patient safety and health care quality. <sup>(Outcome)</sup>
- I.A.5. The Sponsoring Institution must identify a:
  - I.A.5.a) Designated Institutional Official (DIO): The individual who, in collaboration with a Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements; and, <sup>(Core)</sup>
  - I.A.5.b) Governing Body: The entity which maintains authority over the Sponsoring Institution and each of its ACGME-accredited programs. <sup>(Core)</sup>
- I.A.6. A written statement must document the Sponsoring Institution's commitment to GME by providing the necessary financial support for administrative, educational, and clinical resources, including personnel, and which must be reviewed, dated, and signed at least once every five years by the DIO, a representative of the Sponsoring Institution's senior administration, and a representative of the Governing Body. <sup>(Core)</sup>
- I.A.7. Any Sponsoring Institution or participating site that is a hospital must maintain accreditation to provide patient care. <sup>(Core)</sup>

- I.A.7.a) Accreditation for patient care must be provided by:
- I.A.7.a).(1) the Joint Commission; or, <sup>(Core)</sup>
- I.A.7.a).(2) an entity granted "deeming authority" for participation in Medicare under federal regulations; or, <sup>(Core)</sup>
- I.A.7.a).(3) an entity certified as complying with the conditions of participation in Medicare under federal regulations. <sup>(Core)</sup>
- I.A.8. When a Sponsoring Institution or major participating site that is a hospital loses its accreditation for patient care, the Sponsoring Institution must notify and provide a plan for its response to the Institutional Review Committee (IRC) within 30 days of such loss. Based on the particular circumstances, the IRC may request the ACGME invoke its "Procedure for Alleged Egregious or Catastrophic Events" policy. <sup>(Core)</sup>
- I.A.9. When a Sponsoring Institution's or participating site's license is denied, suspended, or revoked, or when a Sponsoring Institution or participating site is required to curtail activities, or is otherwise restricted, the Sponsoring Institution must notify and provide a plan for its response to the IRC within 30 days of such loss or restriction. Based on the particular circumstances, the IRC may request that the ACGME invoke its "Procedure for Alleged Egregious or Catastrophic Events" policy. <sup>(Core)</sup>
- I.B. GMEC
- I.B.1. Membership
- I.B.1.a) A Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members: <sup>(Core)</sup>
- I.B.1.a).(1) the DIO; <sup>(Core)</sup>
- I.B.1.a).(2) a representative sample of program directors (minimum of two) from its ACGME-accredited programs; <sup>(Core)</sup>
- I.B.1.a).(3) a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs; and, <sup>(Core)</sup>
- I.B.1.a).(4) a quality improvement or patient safety officer or designee. <sup>(Core)</sup>
- I.B.1.b) A Sponsoring Institution with one program must have a GMEC that includes at least the following voting members:
- I.B.1.b).(1) the DIO; <sup>(Core)</sup>
- I.B.1.b).(2) the program director when the program director is not the

DIO; <sup>(Core)</sup>

- I.B.1.b).(3) a minimum of two peer-selected residents/fellows from its ACGME-accredited program or the only resident/fellow if the program includes only one resident/fellow; <sup>(Core)</sup>
- I.B.1.b).(4) the individual or designee responsible for monitoring quality improvement or patient safety if this individual is not the DIO or program director; and, <sup>(Core)</sup>
- I.B.1.b).(5) one or more individuals from a different department than that of the program specialty (and other than the quality improvement or patient safety member), within or from outside the Sponsoring Institution, at least one of whom is actively involved in graduate medical education. <sup>(Core)</sup>
- I.B.2. Additional GMEC members and subcommittees: In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC. <sup>(Detail)</sup>
- I.B.2.a) Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. <sup>(Detail)</sup>
- I.B.2.b) Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC. <sup>(Detail)</sup>
- I.B.3. Meetings and Attendance: The GMEC must meet a minimum of once every quarter during each academic year. <sup>(Core)</sup>
- I.B.3.a) Each meeting of the GMEC must include attendance by at least one resident/fellow member. <sup>(Core)</sup>
- I.B.3.b) The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities. <sup>(Core)</sup>
- I.B.4. Responsibilities: GMEC responsibilities must include:
- I.B.4.a) Oversight of:
  - I.B.4.a).(1) the ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs; <sup>(Outcome)</sup>
  - I.B.4.a).(2) the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites; <sup>(Outcome)</sup>
  - I.B.4.a).(3) the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME

- Common and specialty/subspecialty-specific Program Requirements; <sup>(Outcome)</sup>
- I.B.4.a).(4) the ACGME-accredited program(s)' annual evaluation and improvement activities; and, <sup>(Core)</sup>
- I.B.4.a).(5) all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution. <sup>(Core)</sup>
- I.B.4.b) review and approval of:
- I.B.4.b).(1) institutional GME policies and procedures; <sup>(Core)</sup>
- I.B.4.b).(2) annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits; <sup>(Core)</sup>
- I.B.4.b).(3) applications for ACGME accreditation of new programs; <sup>(Core)</sup>
- I.B.4.b).(4) requests for permanent changes in resident/fellow complement; <sup>(Core)</sup>
- I.B.4.b).(5) major changes in each of its ACGME-accredited programs' structure or duration of education; <sup>(Core)</sup>
- I.B.4.b).(6) additions and deletions of each of its ACGME-accredited programs' participating sites; <sup>(Core)</sup>
- I.B.4.b).(7) appointment of new program directors; <sup>(Core)</sup>
- I.B.4.b).(8) progress reports requested by a Review Committee; <sup>(Core)</sup>
- I.B.4.b).(9) responses to Clinical Learning Environment Review (CLER) reports; <sup>(Core)</sup>
- I.B.4.b).(10) requests for exceptions to duty hour requirements; <sup>(Core)</sup>
- I.B.4.b).(11) voluntary withdrawal of ACGME program accreditation; <sup>(Core)</sup>
- I.B.4.b).(12) requests for appeal of an adverse action by a Review Committee; and, <sup>(Core)</sup>
- I.B.4.b).(13) appeal presentations to an ACGME Appeals Panel. <sup>(Core)</sup>
- I.B.5. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). <sup>(Outcome)</sup>

- I.B.5.a) The GMEC must identify institutional performance indicators for the AIR, which include: <sup>(Core)</sup>
- I.B.5.a).(1) results of the most recent institutional self-study visit; <sup>(Detail)</sup>
- I.B.5.a).(2) results of ACGME surveys of residents/fellows and core faculty members; and, <sup>(Detail)</sup>
- I.B.5.a).(3) notification of each of its ACGME-accredited programs' accreditation statuses and self-study visits. <sup>(Detail)</sup>
- I.B.5.b) The AIR must include monitoring procedures for action plans resulting from the review. <sup>(Core)</sup>
- I.B.5.c) The DIO must submit a written annual executive summary of the AIR to the Governing Body. <sup>(Core)</sup>
- I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. <sup>(Core)</sup>
- I.B.6.a) The Special Review process must include a protocol that: <sup>(Core)</sup>
- I.B.6.a).(1) establishes criteria for identifying underperformance; and, <sup>(Core)</sup>
- I.B.6.a).(2) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. <sup>(Core)</sup>

## II. Institutional Resources

- II.A. Institutional GME Infrastructure and Operations: The Sponsoring Institution must ensure that:
  - II.A.1. the DIO has sufficient financial support and protected time to effectively carry out his or her educational, administrative, and leadership responsibilities; <sup>(Core)</sup>
  - II.A.2. the DIO engages in professional development applicable to his or her responsibilities as an educational leader; and, <sup>(Core)</sup>
  - II.A.3. sufficient salary support and resources are provided for effective GME administration. <sup>(Core)</sup>
- II.B. Program Administration: The Sponsoring Institution, in collaboration with each ACGME-accredited program, must ensure that:
  - II.B.1. the program director(s) has (have) sufficient financial support and protected time to effectively carry out his/her (their) educational, administrative, and leadership responsibilities, as described in the Institutional, Common, and specialty/subspecialty-specific Program

## Requirements; (Core)

- II.B.2. the program(s) receives (receive) adequate support for core faculty members to ensure both effective supervision and quality resident/fellow education; (Core)
- II.B.3. the program director(s) and core faculty members engage in professional development applicable to their responsibilities as educational leaders; (Core)
- II.B.4. the program coordinator(s) has (have) sufficient support and time to effectively carry out his/her (their) responsibilities; and, (Core)
- II.B.5. resources, including space, technology, and supplies, are available to provide effective support for each of its ACGME-accredited programs. (Core)
- II.C. Resident/Fellow Forum: The Sponsoring Institution with more than one program must ensure availability of an organization, council, town hall, or other platform that allows residents/fellows from within and across the Sponsoring Institution's ACGME-accredited programs to communicate and exchange information with each other relevant to their ACGME-accredited programs and their learning and working environment. (Core)
  - II.C.1. Any resident/fellow from one of the Sponsoring Institution's ACGME-accredited programs must have the opportunity to raise a concern to the forum. (Core)
  - II.C.2. Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present. (Core)
  - II.C.3. Residents/fellows must have the option to present concerns that arise from discussions at the forum to the DIO and GMEC. (Core)
- II.D. Resident Salary and Benefits: The Sponsoring Institution, in collaboration with each of its ACGME-accredited programs and participating sites, must provide all residents/fellows with financial support and benefits to ensure that they are able to fulfill the responsibilities of their ACGME-accredited program(s). (Core)
- II.E. Educational Tools
  - II.E.1. Communication resources and technology: Faculty members and residents/fellows must have ready access to adequate communication resources and technological support. (Core)
  - II.E.2. Access to medical literature: Faculty members and residents/fellows must have ready access to specialty/subspecialty-specific electronic medical literature databases and other current reference material in print or electronic format. (Core)

II.F. Support Services and Systems

II.F.1. The Sponsoring Institution must provide support services and develop health care delivery systems to minimize residents'/fellows' work that is extraneous to their ACGME-accredited program(s)' educational goals and objectives, and to ensure that residents'/fellows' educational experience is not compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations. These support services and systems must include: <sup>(Core)</sup>

II.F.1.a) peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services and patient transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care; and, <sup>(Core)</sup>

II.F.1.b) medical records available at all participating sites to support high quality and safe patient care, residents'/fellows' education, quality improvement and scholarly activities. <sup>(Core)</sup>

II.F.2. The Sponsoring Institution must ensure a healthy and safe learning and working environment that provides for:

II.F.2.a) access to food while on duty at all participating sites; <sup>(Core)</sup>

II.F.2.b) safe, quiet, and private sleep/rest facilities available and accessible for residents/fellows to support education and safe patient care; and, <sup>(Core)</sup>

II.F.2.c) security and safety measures appropriate to the participating site. <sup>(Core)</sup>

III. Resident/Fellow Learning and Working Environment

III.A. The Sponsoring Institution and each of its ACGME-accredited programs must provide a learning and working environment in which residents/fellows have the opportunity to raise concerns and provide feedback without intimidation or retaliation and in a confidential manner as appropriate. <sup>(Core)</sup>

III.B. The Sponsoring Institution is responsible for oversight and documentation of resident/fellow engagement in the following: <sup>(Core)</sup>

III.B.1. Patient Safety: The Sponsoring Institution must ensure that residents/fellows have:

III.B.1.a) access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal; and, <sup>(Core)</sup>

III.B.1.b) opportunities to contribute to root cause analysis or other similar risk-reduction processes. <sup>(Core)</sup>

- III.B.2. Quality Improvement: The Sponsoring Institution must ensure that residents/fellows have:
  - III.B.2.a) access to data to improve systems of care, reduce health care disparities, and improve patient outcomes; and, <sup>(Core)</sup>
  - III.B.2.b) opportunities to participate in quality improvement initiatives. <sup>(Core)</sup>
- III.B.3. Transitions of Care: The Sponsoring Institution must:
  - III.B.3.a) facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care; and, <sup>(Core)</sup>
  - III.B.3.b) ensure that participating sites engage residents/fellows in standardized transitions of care consistent with the setting and type of patient care. <sup>(Core)</sup>
- III.B.4. Supervision: The Sponsoring Institution must oversee:
  - III.B.4.a) supervision of residents/fellows consistent with institutional and program-specific policies; and, <sup>(Core)</sup>
  - III.B.4.b) mechanisms by which residents/fellows can report inadequate supervision in a protected manner that is free from reprisal. <sup>(Core)</sup>
- III.B.5. Duty Hours, Fatigue Management, and Mitigation: The Sponsoring Institution must oversee:
  - III.B.5.a) resident/fellow duty hours consistent with the Common and specialty/subspecialty-specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner; <sup>(Core)</sup>
  - III.B.5.b) systems of care and learning and working environments that facilitate fatigue management and mitigation for residents/fellows; and, <sup>(Core)</sup>
  - III.B.5.c) an educational program for residents/fellows and core faculty members in fatigue management and mitigation. <sup>(Core)</sup>
- III.B.6. Professionalism: The Sponsoring Institution must provide systems for education in and monitoring of:
  - III.B.6.a) residents'/fellows' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits; <sup>(Core)</sup>
  - III.B.6.b) accurate completion of required documentation by residents/fellows; and, <sup>(Core)</sup>

III.B.6.c) Identification of resident/fellow mistreatment. <sup>(Core)</sup>

IV. Institutional GME Policies and Procedures

IV.A. Resident/Fellow Recruitment

IV.A.1. Eligibility and Selection of Residents/Fellows: The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment and appointment, and must monitor each of its ACGME-accredited programs for compliance. <sup>(Core)</sup>

IV.A.2. An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: <sup>(Core)</sup>

IV.A.2.a) graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or, <sup>(Core)</sup>

IV.A.2.b) graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or, <sup>(Core)</sup>

IV.A.2.c) graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications: <sup>(Core)</sup>

IV.A.2.c).(1) holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or, <sup>(Core)</sup>

IV.A.2.c).(2) holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty/subspecialty program; or, <sup>(Core)</sup>

IV.A.2.c).(3) has graduated from a medical school outside the United States and has completed a Fifth Pathway\*\* program provided by an LCME-accredited medical school. <sup>(Core)</sup>

IV.A.3. An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment. <sup>(Core)</sup>

IV.A.3.a) Information that is provided must include: financial support; vacations; parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents. <sup>(Core)</sup>

IV.B. Agreement of Appointment/Contract

- IV.B.1. The Sponsoring Institution must ensure that residents/fellows are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program. The Sponsoring Institution must monitor each of its programs with regard to implementation of terms and conditions of appointment. (Core)
- IV.B.2. The contract/agreement of appointment must directly contain or provide a reference to the following items: (Core)
- IV.B.2.a) resident/fellow responsibilities; (Core)
  - IV.B.2.b) duration of appointment; (Core)
  - IV.B.2.c) financial support for residents/fellows; (Core)
  - IV.B.2.d) conditions for reappointment and promotion to a subsequent PGY level; (Core)
  - IV.B.2.e) grievance and due process; (Core)
  - IV.B.2.f) professional liability insurance, including a summary of pertinent information regarding coverage; (Core)
  - IV.B.2.g) hospital and health insurance benefits for residents/fellows and their eligible dependents; (Core)
  - IV.B.2.h) disability insurance for residents/fellows; (Core)
  - IV.B.2.i) vacation, parental, sick, and other leave(s) for residents/fellows, compliant with applicable laws; (Core)
  - IV.B.2.j) timely notice of the effect of leave(s) on the ability of residents/fellows to satisfy requirements for program completion; (Core)
  - IV.B.2.k) information related to eligibility for specialty board examinations; and, (Core)
  - IV.B.2.l) institutional policies and procedures regarding resident/fellow duty hours and moonlighting. (Core)
- IV.C. Promotion, Appointment Renewal and Dismissal
- IV.C.1. The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment. (Core)
- IV.C.1.a) The Sponsoring Institution must ensure that each of its programs provides a resident/fellow with a written notice of intent when that resident's/fellow's agreement will not be renewed, when that

resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed. (Core)

- IV.C.1.b) The Sponsoring Institution must have a policy that provides residents/fellows with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal. (Core)
- IV.D. Grievances: The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest. (Core)
- IV.E. Professional Liability Insurance
  - IV.E.1. The Sponsoring Institution must provide residents/fellows with professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in each of its ACGME-accredited programs, or after completion of the program(s) if the alleged acts or omissions of a resident/fellow are within the scope of the program(s). (Core)
  - IV.E.2. The Sponsoring Institution must provide official documentation of the details of liability coverage upon request of the individual. (Core)
- IV.F. Health and Disability Insurance
  - IV.F.1. The Sponsoring Institution must provide health insurance benefits for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility. (Core)
    - IV.F.1.a) If the first day of health insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. (Core)
  - IV.F.2. The Sponsoring Institution must provide disability insurance benefits for residents/fellows beginning on the first day of disability insurance eligibility. (Core)
    - IV.F.2.a) If the first day of disability insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. (Core)
- IV.G. Vacation and Leaves of Absence
  - IV.G.1. The Sponsoring Institution must have a policy for vacation and other leaves of absence, consistent with applicable laws. (Core)

- IV.G.2. This policy must ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s). (Core)
- IV.H. Resident Services
- IV.H.1. Behavioral Health: The Sponsoring Institution must provide residents/fellows with access to confidential counseling and behavioral health services. (Core)
- IV.H.2. Physician Impairment: The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. (Core)
- IV.H.3. Harassment: The Sponsoring Institution must have a policy, not necessarily GME-specific, covering sexual and other forms of harassment, that allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment consistent with applicable laws and regulations. (Core)
- IV.H.4. Accommodation for Disabilities: The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations. (Core)
- IV.I. Supervision
- IV.I.1. The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. (Core)
- IV.I.2. The Sponsoring Institution must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty/subspecialty-specific Program Requirements. (Core)
- IV.J. Duty Hours: The Sponsoring Institution must maintain a duty hour policy that ensures effective oversight of institutional and program-level compliance with ACGME duty hour standards. (Core)
- IV.J.1. Moonlighting: The Sponsoring Institution must maintain a policy on moonlighting that includes the following:
- IV.J.1.a) residents/fellows must not be required to engage in moonlighting; (Core)
- IV.J.1.b) residents/fellows must have written permission from their program director to moonlight; (Core)
- IV.J.1.c) an ACGME-accredited program will monitor the effect of moonlighting activities on a resident's/fellow's performance in the program, including that adverse effects may lead to withdrawal of

- permission to moonlight; and, <sup>(Core)</sup>
- IV.J.1.d) the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows. <sup>(Core)</sup>
- IV.K. Vendors: The Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs. <sup>(Core)</sup>
- IV.L. Non-competition: The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant. <sup>(Core)</sup>
- IV.M. Disasters: The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses administrative support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or interruption in patient care. <sup>(Core)</sup>
- IV.M.1. This policy should include information about assistance for continuation of salary, benefits, and resident/fellow assignments. <sup>(Core)</sup>
- IV.N. Closures and Reductions: The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes the following: <sup>(Core)</sup>
- IV.N.1. the Sponsoring Institution must inform the GMEC, DIO, and affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close; and, <sup>(Core)</sup>
- IV.N.2. the Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in (an) other ACGME-accredited program(s) in which they can continue their education. <sup>(Core)</sup>

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**\*Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

**Detail Requirements:** Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

**Outcome Requirements:** Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

**\*\*Footnote for IV.A.2.c).(3):** A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: (1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school; (2)

have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; (4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).